



RECEIVED
AUG 19 1997
DEPT. OF ECOLOGY

For Ecology Use 10-00
Fee Paid ~~8797~~
Date 9.17.97

State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name SANDY POINT IMPROVEMENT COMPANY Home Tel: () -
Mailing Address P.O. Box 1418 Work Tel: (360) 384 - 3921
City Ferndale, State WA Zip +4 98248 + 1418 FAX: (360) 384 - 3921

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name JIM LAFFERTY Home Tel: (360) 384 - 6030
Mailing Address 3712 Sinclair Drive Work Tel: () -
City Ferndale, State WA Zip +4 98248 + 1418 FAX: () -
Relationship to applicant President

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 16 (☒ gallons per minute or
☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the
purpose(s) of Irrigation - During Irrig Season. ATTACH A "LEGAL"
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is
not sufficient.

Sec 10 TWP 38N R1E W M

Estimate a maximum annual quantity to be used in acre-feet per year: 0.41

☒ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be
needed: JUNE THRU SEPT ANNUALLY
From / / to / / TO WATER PUTTING GREENS ON 9-HOLE GOLF
COURSE IF RAINS DO NOT PROVIDE ENOUGH
WATER

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u>3 Sandy Point</u> well(s).
Number of diversions: <u> </u>	
Source flows into (name of body of water):	Size & depth of well(s): <u>12" well casing 5' deep</u>

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

980 feet east, 210 feet south

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
	NW	10	38	1E	Whatcom			

For Ecology Use Date Received: 8.19.97 Priority Date: 8.19.97

SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #

Date Accepted As Complete By LB Date Returned By WRIA: 1

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: SANDY POINT GREENS MAINTENANCE IRRIGATION WATER RECYCLING SYSTEM

B. Briefly describe your proposed water system. (See instructions.)

Install three (3) sandpoints in the bed of the exsisting drainage ditch.
Pump rain water collected in ditch.

Water then to be recycled back onto the greens, through our exsisting irrigation system. Some of this water will then flow back to the ditch.

C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO
PROVIDE DOCUMENTATION. I.D. #76105

Certificate #'s 12139A, 12140A, 12141A

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION

(*Completed for all domestic/public supply uses.*)

A. Number of "connections" requested: _____ Type of connection _____
(Homes, Apartment, Recreational, etc.)

B. Are you within the area of an approved water system? ☐ YES ☐ NO
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

Complete C. and D. only if the proposed water system will have fifteen or more connections.

C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION

(*Complete for all irrigation and agriculture uses.*)

A. Total number of acres to be irrigated: 0.34

B. List total number of acres for other specified agricultural uses:

Use	<u>None</u>	Acres	<u>0</u>
Use	<u>None</u>	Acres	<u>0</u>
Use	<u>None</u>	Acres	<u>0</u>

C. Total number of acres to be covered by this application: 0.34

D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)

Add up the acreage in which you have a controlling interest, including only:

‡ Acreage irrigated under water rights acquired after December 8, 1977;

‡ Acreage proposed to be irrigated under this application;

‡ Acreage proposed to be irrigated under other pending application(s).

1. Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO

2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO

If yes, enter permit no: N/A

E. Farm uses:

Stockwater - Total # of animals N/A Animal type N/A (If dairy cattle, see below)

Dairy - # Milking N/A # Non-milking N/A

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Exist #260 from Interstate #5 drive West (L) to the Lake Terrell Road, turn (L) South to Waldron Drive, turn West on Waldron (R) to Orcas, turn South (L) on Orcas to Decatur Drive. Turn East (L) on Decatur to Community Area.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☒ YES ☐ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

for Jim Lakkety, President

David R. Petersen, Member of Board of Directors

Applicant (or authorized representative)

Date

8/8/97

(SAME)

Landowner for place of use (if same as applicant, write "same")

Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff _____ Date _____

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

DINT HTS

LK. TARBEL RD.

TRIBAL PUMP
STATION/STORAGE
MASTER METER

SECTION 3

1320' ±

0 500'

RED RIVER

2/10 ET

COLLEGE COURSE

Point of Withdrawal AND USE

SLOUGH

SECTION 9

SECTION 10

LUMMI BAY

TOWNSHIP 38N.
RANGE 1E. W. M.
WHATCOM | COUNTY
WASHINGTON

HORIZONTAL SCALE	1" = 100'
VERTICAL SCALE	1" = 10'
SHEET	APPROVED 1"
100% - 40% TYPICAL 0.00% - 100% TYPICAL	

100%	
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ASSOCIATED	
PROJECT CONSULTANTS, INC., P.S.	
PROFESSIONAL CONSULTING ENGINEERS	
1401 AUSTIN STREET BELLINGHAM WASHINGTON 98225 (206) 871-1148 FAX 871-1100	

CUSTOMER	SANDY POINT IMPROVEMENT CO.	JOB NO.	
PROJECT		ACAB FILE	
FILE		SHEET	